

# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Fil Mark X)		Candida	ite			Comm	ittee			X	Lobby	yist	
Name of Filing Committee, Candidate or Lobbyist		ne Friends		Beveridge							1 1				
Street Address	41	114 Harvai	rd Rd	·											
City Erie				State	PA		7	Zip Co	de	16509					
Type of Report (Place x under report type															
1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3- 30 Day Pre-Primary Pre-Primary Primary		. 6 <sup>th</sup> Tues re- Electio		5- 2 <sup>nd</sup> Friday Pre- Election	1 _	Day Po ion	st 7	7- Ann	uai		al 2 <sup>nd</sup> F lection			al 30 D Election	
				X			+	$\overline{}$	1	Γ	1				
Date Of Election		ear		2017		ndment	+	<u> </u>	<u>.</u>		ination	1	<u></u>		
(MM/DD/YYYY) 11/07/20	·			2017	Repo	rt				Repor	-				
Summary of Receipts and From Date Expenditures		To	Date	· · · · · · · · · · · · · · · · · · ·					ror	Office L	Jse Un	ily			
06/06 A. Amount Brought Forward From Last R		\$		3/2017											
B. Total Monetary Contributions and Rec		\$	18	B0.64 											
(From Schedule I)	hra		6,	.915								****		3	
C. Total Funds Available (Sum of Lines A and B)		\$	7,0	95.64										3	
D. Total Expenditures (From Schedule III)		\$	5,0	)51.52								20 X 22 m		) 	
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 2,044.12					ί.									
F. Value of In-Kind Contributions Receive (From Schedule II)	s Received \$ 325					: <b>&gt;</b>	`_								
G. Unpaid Debts and Obligations (From Schedule IV)		\$		0											
				Affidavit Se								ditto	19,000		
Part 1- If this is a <b>Committee</b> report, treasurer I swear (or affirm) that this report, including the								and b	elief t	rue, corre	ect and	l comple	te.		
Sworn to and subscribed before me this	7	My (		OWIN	///	210		50	10	سيسه		/			
Long of Oct 20)		City of Erie My Commission E R. PENNSYLVANIA	To lia	N Z	Signature of Person Submitting report  11 - 1 - 1 - 1 0 0 0 0 0 0 0 0 0 0 0 0 0										
Signature	~	mmission NSYLVANIA	NOTAF	NWEALTH	11	UEP 1		Printe	d Nam	le e			<del></del> +		
My Commission expires 4.3	<u>√</u> YR.	> -	~ ~ ;	<u> </u>	Area Code Solution Plant Solution State Solution St										
MO. DAY			SEAL Ty Pi	υ Π		1C			Daj	yanne te	schi (Oi II	e ivanii)t			
Part II- If this is a report of a <b>Candidate's Auth</b> I swear (or affirm) that to the best of my know amended.	orized Co ledge and	d belief th	candid is polit	age snan sign i cal committee	has not	violated	any p	rovisio	ns of	the Act o	of June 3	3, 1937 (	(P.L. 133	3, NO.3	20) as
		019 LELIS	. []												
Sworm to and subscribed before me this	7				$\widetilde{/}$	ti	1	8	P	٠ ٨		ر لأ			
			_ -\_→	IONA	Signature of Candidate										
Signature		MONWEALTH OF PENNSYLVANIA ASSOCIATION ASSOCIATION AND AND ASSOCIATION ASSO													
My Commission expires 4-3-10	YR.	OII EX	NOTARIAL la Wilt. Not		인 1년 Area Cod				David	<u>866</u> ime Tele			<u> </u>		
MO. DAY	ı R.	ASSOCIAT	AL SEAL Notary Pr		<del></del>	46			uay	MING FERE	-priorie	MANUDE	•		
		-17 5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1												,
		ril 3, 2019 ON OF NOTA		NNSYLVA											

### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number	 
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 5,290
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ 150
All Other Contributions (Part B)	\$ 675
Total for the reporting period (2)	\$ 825
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 0
All Other Contributions (Part D)	\$ 800
Total for the reporting period (3)	\$ 800
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$ 0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$ 6,915

#### PART A

## **Contributions Received From Political Committees**

\$50.01 TO \$250.00
Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number						
		<b>V</b>		<b>—————————————————————————————————————</b>		
			4	** ** ** ** ** ** ** ** ** ** ** ** **	. A	Amount
Full Name of Contributing  Committee Committee				Date [MM/DD/YYYY]	\$	50
	ecc John Loc		09/23/2017			
House # Street Address 5706		Fil. Ob Agron	<b></b>	Date [MM/DD/YYYY]	\$	
570	ю Jones Ln	Erie, PA 16505			Ŀ	L
City Erie	State P.	Zip Code	16505	Date [MM/DD/YYYY]	\$	
Even Marin - & Constitution			<u> </u>	Date [MM/DD/YYYY]	\$	
Full Name of Contributing  Committee Comm. To El	ect Carl And	lerson			•	100
All the state of t				09/23/2017	_	
House # Street Address 3830 383	30 Parade St	Blvd.		Date [MM/DD/YYYY]	\$	
City	State	Zip Code	<u> </u>	Date [MM/DD/YYYY]	\$	<del> </del>
Erie	State p	A	16504			
Full Name of Contributing			-	Date [MM/DD/YYYY]	\$	
Committee						
House # Street Address			<del> </del>	Date [MM/DD/YYYY]	\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing	<u> </u>	<u> </u>	1	Date [MM/DD/YYYY]	\$	
Committee					]	1
House # Street Address				Date [MM/DD/YYYY]	\$	<u>†                                      </u>
						1
City	State	Zip Code	Τ	Date [MM/DD/YYYY]	\$	<u> </u>
Full Name of Contributing	<del>                                     </del>	J .	1 .	Date [MM/DD/YYYY]	\$	
Committee						
House # Street Address		11 180 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del></del>	Date [MM/DD/YYYY]	\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House # Street Address				Date [MM/DD/YYYY]	\$	-
		,		<u> </u>	1	
City	State	Zip Code		Date [MM/DD/YYYY]	\$	

## PART B All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

	· · · · · · · · · · · · · · · · · · ·	
Filer Identification Number:		
Section and the second section of the section of th		
May a paper to paper to the paper of the pap		

Full Name of Contributor	<b></b>		Date [MM/DD/YYYY]	\$	
	David A. Valerio		09/14/2017		100
House # Stre	et Address		Date [MM/DD/YYYY]	\$	
6980	6980 Honey Lane			istoria Bolom	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Erie	PA	16509	**************************************		
Full Name of Contributor	1 to 1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (	- Percentage - Company	Date [MM/DD/YYYY]	\$	
	Franks Auto Center		09/19/2017		200
House # Stre	et Address		Date [MM/DD/YYYY]	\$	
1005	1005 W 26th St				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Erie	PA	16508			
Full Name of Contributor	,		Date [MM/DD/YYYY]	\$ .	
	P. Bloomstine		09/21/2017		100
House #   Str	eet Address		Date [MM/DD/YYYY]	\$	
	122 Columbus Circle				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Erie	PA	16505	The state of the s		
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
k kinggaran kecamatan di babu	Culligan Water Cond.		09/22/2017		75
House # Str	et Address		Date [MM/DD/YYYY]	\$	
1502	1502 Industrial Dr.			36	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Erie	PA	16505	<u> Marier e as la Comunita de C</u>		
Full Name of Contributor	188878-02-00	Red Completes Transport agency for a	Date [MM/DD/YYYY]	\$	
	Ronald A. DiNicola		09/19/2017		100
House# Str	et Address		Date [MM/DD/YYYY]	\$	
4134	4134 Commodore Dr		<u>C. Section in the destruction of the destruction </u>		
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Erie	PA	16506	对。如何可以知识的是,特别的如何是他也不知识的。可以如此是"是"。		
Full Name of Contributor	F16(31250) 90 90 90	1 27 1 80 C 11 C 11 C 11 C 12 C 12 C 12 C 12 C 1	Date [MM/DD/YYYY]	\$	
	Joel M. Muzyka		09/19/2017		100
response to the same and the sa	et Address		Date [MM/DD/YYYY]	\$	
House #   Str	Promised described to the promised		24-90 (1996) 1-28-90 (1997) 20 (1994) 27-90 (1995) (1995) (1995)		
House #   Stri	5301 Millfair Rd		İ	52.17	
	5301 Millfair Rd	Zip Code	Date [MM/DD/YYYY]	\$	.,

# PART C Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification	r Number:				
The second of th	Access System 1995 C				
Full Name of Contributing Co	mittee			Date [MM/DD/YYYY]	
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	<b>\$</b>
FIGUSE #	Street Address				
City		State	Zip Code	Date [MM/DD/YYYY]	<b>5</b>
					2007 1970 1970
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	
House#				Date [MM/DD/YYYY]	<b>5</b>
nouse#	Street Address			Pate IMM/DD/11/10]22	
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	
House#	Street Address			Date [MM/DD/YYYY]	
riouse #	Street Address				
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Co	mmittee			Date [MM//DD/XYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	23. 24.
	entinusiin karvinenens			Date (MM/OD/WW)	
Full Name of Contributing Co	mmittee.			Date [MIANDOX 1111]	
House#	Street Address			Date [MM/DD/YYYY]	\$   
City	See to 19 States de publican reference de Secretor (1985)	State	Zip Gode	Date [MM/DD/YYYY]	
Full Name of	10.450.450.160.160.1	Section Control		Date [MM/DD/YYYY]	<b>S</b>
Contributing Co	mmittee			*Date Ballay DOV. LO. (1)	
House#	Street Address			Date MM/DD/YYYY	
					550 Video
City =	E construe en navelento non actual e escolo E	State	Zip Code	Date [MM/DD/YYYY]	

## PART D All Other Contributions

#### Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

ull Name of Contributor			Date [MM/DD/YYYY]	\$ 500
	David J Cimino		09/13/2017	500
House# Str	eet Address		Date [MM/DD/YYYY]	\$
1616	1616 Hickory St			
City	State	Zip Code	Date [MM/DD/YYYY]	(
Erie	PA	16502		
Employer Name		Position and advisory consistent	Occupation Self Employe	d
Employer Mailing Addres	<b>7</b> /			<u> </u>
Principal Place of Busines	s .			
Full Name of Contributor	57.4 7.734		Date [MM/DD/YYYY]	300
	Frank B. Victor		09/19/2017	300
rasassatringagnagnagnagn	eet Address		Date [MM/DD/YYYY]	
1651	1651 East 12th St			
Gity City	State	Zip Code	Date [MM/DD/YYYY]	\$ <b>S</b>
Erie	PA	16511		
Employer Name			Occupation   Self Emplyed	
Employer Mailing Addres	s/		A. A. C. SERVIC (2013) S. S. S. C. S.	
Principal Place of Busines	<b>S</b> .			
Full Name of Contributor			Date [MM/DD/YYYY]	_ <b>S</b>
erandaren 2000a bilarria (h. 1941). 1940 - Andrea Britania (h. 1941).				
House # Sti	eet Address		Date [MM/DD/YYYY]	3
Military				100 200 100 20
City	State	Zip Code	Date [MM/DD/YYYY]	
Employer Name			Occupation	
Employer Mailing Addres	s /		(2019年10日 11日 11日 11日 11日 11日 11日 11日 11日 11日	
Principal Place of Busines	S			and the same of th
Full Name of Contributor		<del></del>	Date [MM/DD/YYYY]	
House # Str	eet Address		Date [MM/DD/YYYY]	<b>S</b>
City	State	Zip Code	Date [MM/DD/YYYY]	
2 45 M 24 M 25 M 25 M 25 M 25 M 25 M 25		7.74K		
Employer Name		Palin medinige Macalitanie	Occupation	P/W9-76

Employer Mailing Address / Principal Place of Business

#### PART E

## **Other Receipts**

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Nu	imber:			
Full Name	- 225 Pet A			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descriptio	n	-Towestynety		President of the second of the
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descriptio	n	Procedure action and	• ************************************	· · · · · · · · · · · · · · · · · · ·
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	<b>n</b>	STREET, STREET		I PERI
Full Name				
House #	Street Address			
City	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descriptio	in .	TOTAL CONTROL FOR	Patronic shows parts	1 1990/1
Full Name				
House#	Street Address			
City		State	Zip Gode	Date [MM/DD/YYYY] \$
Receipt Descriptio	in	1 (8 - 1, 100 - 100 PM	• 30 MA 30 MA 11 A	Est refl
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	in .	January ou F		

#### SCHEDULE II

## IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:				
1. UNITEMIZED IN-KIND CONTR	IBUTIONS RECEIVED-VAL	UE OF \$50.00 (	OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	25	
2. IN-KIND CONTRIBUTIONS RE	CEIVED-VALUE OF \$50.01	TO \$250:00 (F	ROM PART F)	
TOTAL for the reporting period	(2)	\$	0	
3. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$250	.00 (FROM PAR	τ <b>r</b> G)	generalista (n. 1872).
TOTAL for the reporting period	(3)	\$	300	
TOTAL VALUE OF IN-KIND CONTRIBUTI				
PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3; al	lso enter	325	

#### SCHEDULE II PART F

#### **In-Kind Contributions Received**

**VALUE OF \$50.01 TO \$250** 

Filer Identification	Number:				
	M 200 ( 1958-1950 191			пастык по ладал	医图
Full Name of Co	nuibutor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$ 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
	the state of the s			The season of th	(2007年 (2007年 (2007年 (2007年)
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of C	ontribution				
Full Name of Co	ntributor.			Date [MM/DD/YYYY]	•
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	•
Description of C	ontribution				Program
Full Name of Co	ntributor	×××		Date [MM/DD/YYYY]	•
House #	Street Address			Date [MM/DD/YYYY]	ST.
City	1975 March 1985 1985 1985 1985 1985 1985 1985 1985	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	ontribution		•		
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
Description of C	ontribution	7/84 7/84 8/84			
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	<b>*</b>
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of C	Contribution				<u> </u>

#### SCHEDULE (I Part G

### **In-Kind Contributions Received**

**VALUE OVER \$250** 

Filer Identification Number:				
图 2000年2月2日 新聞 中華 化电影 经基础管理 化碳酸 电影 化新型铁铁 医神经管炎 化氯化				
Contributation and the contribution of the con				
Early 1. Table to Construct Control of the first of the f				
Filer Identification Number:				

Full Name of Contributor			Date [MM/DD/YYYY] \$
Vinny Ho	ffman		09/23/2017
House # Street Addr			Date [MM/DD/YYYY] \$
2720	2720 Alexandra Dr		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Erie	PA	16506	
Employer Name	DJ VINNY		Occupation Self Employed
Employer Mailing Address / Princip	pal	, , , , , , , , , , , , , , , , , , ,	Description
Place of Business	2720 Alexandra Dr E	rie, PA 16506	of Disc Jockry Service Contribution
Full Name of Contributor	7000000000		Date [MM/DD/YYYY] \$
House # Street Addre	ess		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Princip	oal		Description
Place of Business			of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Addre	ess		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Princip	oal		Description
Place of Business			of Contribution
Full Name of Contributor	the role and the		Date [MM/DD/YYYY] \$
House # Street Addre	ess		Date [MM/DD/YYYY] \$
	2000 2000 2000 2000		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
	7 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (		
Employer Mailing Address / Princi Place of Business	DAI		Description of Contribution

# SCHEDULE III Statement of Expenditures

Filer Identification Number:		•	
the Company of the Section of the Se	l .		 

To Whom Paid	, , , , , , , , , , , , , , , , , , ,				Date [MM/DD/YYYY] \$ 31.8			
	КітКору				07/17/2017			
House # 2040	Street Address 2040 W 8th St				Description of Expenditure			
City Erie	Marin Spring Street Control	State	PA	<b>Zip</b> 16505	Fund Raiser Tickets			
To Whom Paid	R. Art Libornski				Date [MM/DD/YYYY]			
House#	Street Address			····	Description of Expenditure			
1787	178	1787 W 26th St						
<b>City</b> Erie		State	PA	Zip Code 16508	Refund of donation from 03/30/2017			
To Whom Paid	ERSA (Saga Club)				Date [MM/DD/YYYY] \$ 150			
House # 3828	Street Address 3820	3 Washint	on Ave		Description of Experiditure			
City Erie		State	PA	Zip Code 16509	Hall Rental			
To Whom Paid	1	i elitable el		M.S. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	Date [MM/DD/YYYY] \$			
	Tim Beveridge				9/27/2017 443.84			
House # 4114	Street Address 411	4 Harvard	Rd		Description of Expenditure			
City Erie	Section 2 of the control of the control	State	Reimbursement for imprinted door hangers purchase					
To Whom Paid	To:Whom Paid Vinny Hoffman				Date [MM/DD/YYYY] \$ 220.84			
House # 2720	Street Address 272	0 Alexand	ra Dr		Description of Expenditure			
<b>City</b> Erie		State	PA	Zip Code 16506	Reimbursement for fund raiser supplies			
To Whom Paid	6 6 6				Date [MM/DD/YYYY] \$			
	Schwebels Baking Co			09/21/2017 56.89				
House # 8275	Street Address 827	reet Address 8275 Perry Hwy,			Description of Expenditure			
<b>City</b> Erie		State	PA	Zip Code 16509	Fund Raiser supplies			
To Whom Paid	EDSA (Saga Club)				Date [MM/DD/YYYY] \$ 300			
r projectivity or all	ERSA (Saga Club)				09/23/2017			
House # 3828	Street Address 3828 Washinton Ave				Description of Expenditure			
<b>City</b> Erie		State	PA	Zip Code 16509	Fund Raiser beverages			
To Whom Paid Tim Beveridge					Date [MM/DD/YYYY] \$ 239			
House # 4114	Street Address 411	4 Harvard	i Rd	Description of Expenditure				
City Erie		State	PA	Zip Code 16509	Reimbursement for imprinted stickers purchase			

# Schedule III Statement of Expenditures

Francisco Company Comp			
Filer Identification Number:			
[4] De La Millia M. Malifoldi, M. Martin, and J. Lander, Phys. Lett. B 50, 120 (1997).			
POTENTIAL PROPERTY OF THE PROP			
<ul> <li>A Control of the contro</li></ul>		 	

To Whom Paid	T. D. (D.					Date [MM/DD/YYYY]	\$	333	
- Or the most of the Color of t	The Red Door					09/15/2017	93.93	<b>J</b> JJ	
House # 124	Street Address 124 W 8th St					Description of Expen	diture		
City Erie	State PA Zip Code 16501				16501	Tee shirts			
To Whom Paid	DeSantis Signs			Date [MM/DD/YYYY]	_  \$	500			
						09/28/2017	1 (A)	ente con la Superiora de la Colonia A	
House # 540	Street Address 540	W 18th St				Description of Expend	uture		
City Erie	Erie State PA Zip Code 16502				16502	Yard Signs			
To Whom Paid	b Whom Paid DeSantis Signs					Date [MM/DD/YYYY] 10/03/2017	\$	429,85	
House # 240	Street Address 540	W 18th St				Description of Expend	diture		
City Erie		State	PA	Zip Code	16502	Yard Signs	NACON TODA	<u>wa ndalah sambi di lejin sajiriwa SAS dalay sasawi d</u>	
To Whom Paid		1998 49 60		10.454444666		Date [MM/DD/YYYY]	\$		
	Vicki Upperman					10/20/2017	1.48	311.5	
House # 5958	Street Address 595	8 Hillhaven (	Dr			Description of Expend	diture		
City Erie		State P	PA	Zip Code	16509	reimbursement for Fund I	Raiser su	upplies	
To Whom Paid Erie Times News					Date [MM/DD/YYYY]	\$	, ,		
TO WYROTH F 2810	Erie Times News					10/23/2017	- A	1,880	
House # 205	Stroot Addross	W 12th St,				Storm Decreeds As on Engineering the party of account of	- A	1,880	
House#	Stroot Addross	State	'A	Zip Çöde	16534	10/23/2017	- A	1,880	
House # 205	Street Address 205	State	*A		16534	10/23/2017  Description of Expension  Newspaper Advertising  Date [MM/DD/YYYY]	diture	1,880	
House # 205  City Erie  To Whom Paid	Street Address 205 303 Sign Shop	State P.	'A		16534	10/23/2017  Description of Expension  Newspaper Advertising  Date [MM/DD/YYYY]  10/23/2017	diture		
House # 205	Street Address 205 303 Sign Shop	State	'A	Code	16534	10/23/2017  Description of Expension  Newspaper Advertising  Date [MM/DD/YYYY]	diture		
House # 205  City Erie  To Whom Paid	Street Address 205 303 Sign Shop	State P	'A	Code	16534 16508	10/23/2017  Description of Expension  Newspaper Advertising  Date [MM/DD/YYYY]  10/23/2017	diture		
House # 205 City Erie To Whom Paid House # 2936 City	Street Address 205 303 Sign Shop	State P		Code		10/23/2017  Description of Expension  Newspaper Advertising  Date [MM/DD/YYYY]  10/23/2017  Description of Expension	diture \$ diture		
House # 205  Gity Erie  To Whom Paid  House # 2936  City Erie	Street Address 205 303 Sign Shop	State P		Code		10/23/2017  Description of Expension  Newspaper Advertising  Date [MM/DD/YYYY]  10/23/2017  Description of Expension  Electronic sign rental	diture S diture		
House # 205  City Erie  To Whom Paid  House # 2936  City Erie  To Whom Paid	Street Address 205 303 Sign Shop Street Address 293	State P		Code		10/23/2017  Description of Expension  Newspaper Advertising  Date [MM/DD/YYYY]  10/23/2017  Description of Expension  Electronic sign rental  Date [MM/DD/YYYY]	diture S diture		
House # 205  City Erie  To Whom Paid  House # 2936  City Erie  To Whom Paid  House # 4	Street Address 205 303 Sign Shop Street Address 293	State Profession of Peach St.		Zip Code		10/23/2017  Description of Expension  Newspaper Advertising  Date [MM/DD/YYYY]  10/23/2017  Description of Expension  Electronic sign rental  Date [MM/DD/YYYY]	diture diture		
House # 205  Gity Erie  To Whom Paid  House # 2936  City Erie  To Whom Paid  House # City	Street Address 205 303 Sign Shop Street Address 293	State Profession of Peach St.		Zip Code		10/23/2017  Description of Expension  Newspaper Advertising  Date [MM/DD/YYYY]  10/23/2017  Description of Expension  Electronic sign rental  Date [MM/DD/YYYY]  Description of Expension	diture    S     diture		
House # 205  City Erie  To Whom Paid  House # 2936  City Erie  To Whom Paid  House # City  To Whom Paid	Street Address 205 303 Sign Shop Street Address 293 Street Address	State Profession of Peach St.		Zip Code		10/23/2017  Description of Expension  Newspaper Advertising  Date [MM/DD/YYYY]  10/23/2017  Description of Expension  Electronic sign rental  Date [MM/DD/YYYY]  Description of Expension  Date [MM/DD/YYYY]	diture    S     diture		

#### SCHEDULE IV

## **Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification	n Number:			
Name of Credito	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [IMM/DD/YYYY]	
City		State	Zip Code	
Description of E	Debt	Roy 1 Tax satisfies	No. + 1 .00   1/2   1	
Name of Credito	O F			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	<b>\$</b>
City		State	Zip Code	
Description of E	Debt	Provide AV	Process Company	
Name of Credit	<b>OI</b>			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of D	Debt			
Name of Credit	or			Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [IMM/DD/YYYY]	<b>S</b>
City		State	Zip Code	
Description of D	Debt			
Name of Credit	or		<del>'</del>	Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [IMM/DD/YYYY]	**************************************
City		State	Zip Code	
Description of I	Debt			
Name of Credit	or		····	Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	<b>5</b>
City		State	Zip Code	
Description of	Debt			